Name (p	FRANCIS AR		fice (if applicable)	HE POOCE	Dept 8	
		IKE MEAN S		286	(762) 3 Telephone No.	District (if applicable) 26-572;
-Mail A	Address					
Select A	Appropriate Box(es)	CANDIDATE PAC	BAG 🗀	POLPRTY [] INC	DEXP NONPRO	FIT CORP
	·	AMENDED AN	NUAL FILING 🔲 P	ETITIONERS WHO	INITIATE/CIRCULATE	PETITION & PECSIV
			_ (	OR EXPEND FUNDS	IN EXCESS OF 10K	- Ennon anabay
J	Annual Filing - D Period: January 1, 200	ue January 15, 2006 5 – December 31, 2005				<u> </u>
4	Report #1 Due					
]	Report #2 Due — Period: Aug. 4, 200	October 31, 2006* 6 — Oct. 26, 2006				
]	Report #3 Due v Period: Oct. 27, 200	January 15, 2007*/** 06 — Dec. 31, 2006				·
]	Annual Filing - Di Period: January 1,	ie January 15, 2007 2006 – December 31,	, 2006		FOR O	FFICE USE ONLY
* T	hese Reports are file	ed by incumbents/ca for 2007 Annual Fili	odidates cunnia	ig for office in th	ne 2006 election c	ycle
		UTIONS SUMMARY			This Period	Currulative From Beginning o Report Period #1 through End of This Reporting Period
1.	Total Monetary Contribution (See page 1 of instruct	ons Received in Excess of Ion sheet)	\$100		Report # 1	Ø
	(See page 2 of instruct				tı	Ø
	party. (See page 2 of ins	' <del>-</del>			•(	Ø
4.	Total Monetary Contribution (See page 2 of Instruction	ons in the form of loans that n sheet)	t were forgiven	Cumulative From		Ø
	:		This Period	Beginning of Report Period #1 Through End of This Reporting Period		·
٥.	Total Amount of Moneta Received				<b>5</b>	6
6.	(Add Lines 1 through 4) ( Total Amount of Written Co Contributions (When commit	See page 2 of instruction sheet ommitments for meet is funded speed so	)	1	REPORT #1	
4	contribution (monetary or in kind (See page 2 of instruction shee Total Value of In Kind Cor	)) ()	Report 4	Ø	-	
		page 2 of instruction sheet)		Ø	-	
		1	EXPENSES SUN	IMARY		
8.	Total Monetary Expenses	Paid in Excess of \$100				4
9	(See page 2 of instructio   Total Monetary Expenses	n sheet) Paid of \$100 or Less			PERCET -	12380
	(See page 2 of instruction	n sheet)			· · · · ·	
	Total Amount of All Mor (Add Lines 8 and 9) (s	etary Expenses Paid				\$2222
	Total Value of In Kind Exp	ee page 2 of instruction senses in Excess	heet)		٠,	× 21380
	of \$100 (See page 3 of	Instruction sheet)	KERETE	Ø		
(On	Disposition of Unspent Co ly reported on Report #3	, Annual Report or 15th				
day	of the second month aft	er candidates defeat or				
	imbent does not run for i page 3 of instruction sh					
(386	- Palao a oi mistinciioù spi	•••		<del> </del>		
Dec	lare Linder Fenalty	of Phylips That the T	AFFIRMATIO	)N		
. 201	A /	of Perjury That the Fo	oregoing is True	and Correct		
•	417 9		7/2/1/	•		
ature/	///		11/10			
11.00c		Revised: S	en-06	DAC	Date	
		Langer (	σ <b>μ~υ</b> υ	PAC	SE OF	

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Name (print)

Office (if applicable)

District (if applicable)

#### **Expense Categories**

	T
CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J

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<sup>\*\*</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Report	Pei

Sustice CT Dept 8
Office (if applicable)

District (if applicable)

# Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)  AND REW DARTE OF	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
GERATER IMAGES OF SOUTHEN NEVADA	D	7/7/06	\$1,250
ANDREW DARTE OF GREATER IMPOSS OF SOUTHERN NEWADA	D	7/28/06	\$1,250 \$1,130
	_		
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Name (print)	

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Office			ıble	)

District (if applicable)

## Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

DOPT 8

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>TO</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>TO</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN IF DIFFERENT THAN CONTRIBUTOR
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					<del></del>
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eport	Period	# 1
Chair	GIIOU	

Name (print)

District (if applicable)

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	Amount of Each COMMITMENT
NONE		
	AA-1	

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IN KIND	<b>CAMPAIGN</b>
CONTRI	BUTIONS

Report Period	#

FRANCIS ARENK	Office (if applicable)	3- D	EPT S
Name (print)	Office (if applicable)		

District (if applicable)

## **IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRU- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 <sup>RD</sup> PARTY IF LOAN GUARANTEED BY 3 <sup>RD</sup> PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
NONE						
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FRAJCIS Name (print)	ARENDS
Name (print)	

Office (if applicable)

District (if applicable)

In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	Amount of Each In Kind COMMITMENT	
MONE			

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eport	Period	#	I

ACGNAS

District (if applicable)

#### **IN KIND**

CT DOOR 8

### Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF	<del></del>					
NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE			
NONE						

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

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